COMMUNITY OPTIONS
CODING SHEET FOR CARE PLAN SUMMARY/OUTCOME

1. FUNDING SOURCE

Enter the payment code for the funding source which will pay for the recommended service.

1 MaineCare Home Health
2 PDN - Level I, II, III
3 Level V Extended PDN
4 Level IV NF PDN
5 Elderly HCB
6 Adults with Disabilities HCB
7 Physically disabled HCB
8 Congregate housing services
9 Katie Beckett
10 Consumer Directed PCA
11 MaineCare Day Health
12 Adult Day Program
13 BEAS Homemaker
14 Home Based Care
15 Title III
16 Assisted Living
17 Adult Family Care Home – 1
18 Adult Family Care Home – 2
19 Adult Family Care Home – 3
20 Other
29 Consumer Directed HBC

For the Medicare/3rd Party Payor Block, use the following codes:

21 Medicare
22 3rd Party Payors (BC/BS, Champus, VA, LTC Insurance)
23 Community MaineCare
24 Consumer's Funds
25 Nursing Facility

2. SERVICE CATEGORY

Enter the appropriate code from the following list to indicate the service category recommended to meet the need.

1 Administrative care management
2 Face-to-face care management
3 Adult day care
4 Personal care assistant (hour)
5 Personal care assistant (live-in)
6 Personal care assistant (night)
7 Homemaker
8 RN–visit
9 RN–hour
10 LPN–visit
11 LPN–hour
12 Home health aide–visit
13 Home health aide–hour
14 Certified nurse's aide–visit
15 Certified nurse's aide–hour
16 Physical therapy–visit
17 Physical therapy–hour
18 Occupational therapy–visit
19 Occupational therapy–hour
20 Speech therapy–visit
21 Speech therapy–hour
22 Emergency response
23 Emergency response installation
24 Psychiatric RN–visit
25 Master's social work–visit
26 Master's social work–hour
27 Social services
28 Transportation
29 Adult family care home – Level 1
30 Adult family care home – Level 2
31 Adult family care home – Level 3
32 Family
33 Friend
34 Residential care
35 Independent living assessment
36 Certified occupational therapy aide
37 Certified physical therapy aide
38 Meals on Wheels
39 Comprehensive care management
40 Environmental mods
41 Licensed speech therapy assistant
42 Psychiatric medication services
43 Health assessment
44 Institutional respite-NF
45 Institutional respite-residential care
46 Personal care assistant (visit)

3. REASON CODES

Enter the reason code for recommended service/need being met using the following list of codes.

1 Information/consultation
2 Careplan development/service coordination/monitoring
3 Needs evaluation/skills training/ consumer instruction
4 Medical assessment/consultation/ education/teaching
5 Nursing treatments/dressing change/ monitoring
6 Medication prep/administration
7 Early Loss ADLs: bathing, dressing
8 Late Loss ADLs: eating, toileting, transferring, locomotion, bed mobility
9 Personal hygiene: shampoo, nail care, feet and back washing, routine skin care
10 Daily IADLS: meal preparation, main meal, light housework, telephone use
11 Other IADLs: Laundry, routine housework, grocery shopping, managing finances
12 Physical therapy–consultation/evaluation
13 Physical therapy treatment program, ROM, ambulation, maintenance of function
14 Occupational therapy–consultation/ evaluation
15 Occupational therapy–treatment (skill training-ADLs-IADLS)
16 Speech therapy–consultation/evaluation
17 Speech therapy–treatment program
18 Mental Health–consultation/evaluation
19 Mental Health–treatment program
20 Socialization, activities, stimulation
21 24-hour supervision (in private home or residential care setting/structured environment)
22 Access to emergency help
23 Supervision
24 Community support/outreach assistance in accessing resources/ financial assistance
25 Crisis surveillance
26 Monitoring supervision–daytime only
27 Monitoring supervision–nighttime only
28 Other
29 Environmental modifications
30 Monitor, administer, and/or prefill of psychiatric medications
31 Venipuncture
32 Early loss ADLs/bathing
33 Early loss ADLs/dressing
34 Late loss ADL/transfer
35 Late ADLs/eating
36 Late ADLs/toilet
37 Late ADLs/bed mobility
38 Late ADLs/locomotion
39 Daily IADLs/light meal/main meal
40 Daily IADLs light housekeeping/ dusting/washing dishes/making bed
41 Other IADLs/laundry
42 Other IADLs/grocery shopping
43 Other IADLs/grocery shopping/ laundry
44 Other IADLs/house work
45 Transportation to medical care appointments
46 Transportation for non-medical careplan needs
47 Nursing education/teaching
48 Nursing-assess wound/provide wound care
49 Nursing-assessment sign/symptoms infection
50 Nursing-skilled observation, intervention cardiopulmonary
51 Nursing-observation- mobility, gait, balance, endurance
52 Nursing-skilled observation, intervention genitourinary
53 Nursing-assess, maintain or improve skin integrity
54 Nursing-Assess intensity level, frequency, location and manage pain
55 Nursing-skilled observation, intervention gastrointestinal system
56 Nursing-assessment emotional-social status
57 Nursing-Assess, evaluate disease process
58 Teach disease process and compliance
59 Assess and monitor medication compliance, side effects
60 Social worker-assess coping skills/ therapy for stressors
61 Social worker-Counseling for long term planning/decision making
62 Social worker-Counseling for adjustment to functional limitations
63 Caregiver relief

4. DURATION

Enter the Start and End Dates for the proposed service.

5. UNIT CODE

Enter the unit of time which is used in calculating the cost of this service, using the following list.

1 = 15 minutes
2 = 1/2 hour
3 = hour
4 = day
5 = night
6 = week
7 = month
8 = visit
9 = mile
10 = per trip
11 = installation
12 = Lifetime
13 = PRN Hour
14 = PRN Visit

6. NUMBER OF UNITS

Enter the number of units needed per month to meet the person's needs.

7. RATE

Enter the current rate for this service based on the maximum allowable MaineCare rate for that specific unit of service as found in the appropriate MaineCare manual.

8. TOTAL COST

Calculate the total cost per month for this service.

OUTCOME PAGE
DENIAL CODES

ACTION CODES:
(choose one):
1 Reduction in service
2 Program denied (based on eligibility criteria)
3 Program terminated (based on circumstances, choice)
4 Program change
5 Other
6 Service Category Change
7 Program Suspended

REASON:
1 Not medically eligible
2 Not financially eligible
3 Change in level of care
4 Consumer refused service
5 Consumer refused copay
6 Institutionalized
7 Moved out of state
8 Other community service/funding source
9 Maximum allowance/cap reached
10 No willing provider
11 Service no longer available
12 Death
13 Other
14 Non-payment of co-pay
15 Non-compliance with POC
16 Change type of care provider
17 Change number/freq. of service
18 Consumer requested change
19 Significant change-health/welfare risk